MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 68/986835

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4						
5						
6						
7						
8		1				
9		1				
10						
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17						
18						
19						
20						
21		1				
22		1				
23		1				
24		1				
25		1				
26	1					
27						
28						
29		2				
30		2				
31		2				
32		1				
33		1				
34		2				
35		1				
36		2				
37		2				
38		2				
39		2				
40						
41		1				
42		1				
43		1				
44		1				
45		2				
46		2				
47	1					
48						
49		2				
50		2				
TOTAL IND.	36					
TOTAL DEP.	16					
TOTAL CLAIMS	535					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		104	1	
52		1		105	1	
53		1		106	1	
54		2		107		2
55		2		108		2
56		2		109		1
57		1		110		1
58		2		111		1
59		2		112		1
60		2		113		2
61		1		114		2
62		2		115		1
63		2		116		2
64		1		117		2
65		1		118		2
66		1		119		2
67		1		120		2
68		2		121		1
69		2		122		1
70		3		123		1
71	1			124		1
72		1		125		1
73		1		126		1
74		1		127		1
75		1		128		1
76		1		129		1
77		1		130		1
78		1		131		1
79		1		132		1
80		1		133		1
81		1		134		2
82		1		135		2
83		1		136		2
84		1		137		2
85		1		138		2
86		1		139		2
87		1		140		2
88		1		141		2
89		1		142		2
90		1		143		2
91		1		144		2
92		1		145		2
93		1		146		2
94		1		147		2
95		1		148		2
96		1		149		2
97				150		2
98				151		2
99				152		2
100				153		2
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS